PART B - FEE(S) TRANSMITTAL								
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Stephen J. Weed Esquire Synnestvedt & Lechner LLP 2600 Aramark Tower 1101 Market Street					Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the Un States Postal Service with sufficient postage for first class mail in an envel addressed to the Mail Stop ISSUE FEE address above, or being facsim transmitted to the USPTO (703) 746-4000, on the date indicated below.			
Philadelphia, PA 19107-2950 12/28/2004 EAREGAY2 00000054 05403725					DAVID CARGILE (Depositor's na			
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APPLICATION NO.	FILING DATE	FIRST NAMED INVE		O INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/483,725	09/483,725 01/14/2000 Robert Lou				10	CUPO-19-3-5	8757	
TITLE OF INVENTION: FE								
APPLN. TYPE	SMALL ENTITY	ISSUE FEE			JBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional NO <del>\$1330</del> \$			\$1,400		\$0	-\$1 <del>3</del> 30 \$1,400	0 12/22/2004	
EXAMINER		ART UNIT		CI	LASS-SUBCLASS	]		
CORRIELUS, JEAN B		2637			375-259000	•		
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  6ynnestvedt '  2 & Lechner LLP  3					
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Agere Systems Inc.  Allentown, PA								
Please check the appropriate assignee category or categories (will not be printed on the patent):   Individual XXI Corporation or other private group entity Government of the patent of								
4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.								
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Advance Order - # of Copies 1 (\$3.00)			The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number 23-3040 (enclose an extra copy of this form).					
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Authorized Signature	David Carr	U)		٠,	Date /	2/22/04		

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46,600